

FOREIGN NATIONAL/FOREIGN REPRESENTATIVE VISIT REQUEST

This form must be completed and received by AD50/Protective Services, 20 days or 2 months (as applicable) prior to visit, in accordance with NPG 1371.2A.

PRINT OR TYPE ALL INFORMATION REQUIRED BELOW AND ON REVERSE OF THIS FORM

1. Permission is requested for the following individual to access the Marshall Space Flight Center as a visitor:

Request Date:	Date(s) of Proposed Visit		
	From:	To:	
Name (Please Print) - (Last, First, Middle): <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (MM/DD/YYYY):	Place of Birth:
Residence Address:	Citizenship:	Dual Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", Indicate Country:	
	Passport Number:	Passport Expiration Date:	Passport Country of Issue:
Social Security Number (If Applicable):	Alien Registration Number:	Visa Type:	Visa Expiration Date:

VISITOR MUST PRESENT PROOF OF THE ABOVE IDENTIFICATIONS UPON ARRIVAL AT MSFC

Visitor's Title:	Cost to NASA (\$ Value):
	\$0
Organization/Business Affiliation:	Address of Affiliation:
<input type="checkbox"/> U.S. Owned <input type="checkbox"/> Foreign Owned	

Subject(s) to be discussed (**all acronyms must be spelled out**) and MSFC location (building and room) of each place to be visited:

Will be attending the Lunar Regolith Simulant Materials Workshop which will be held at the Marshall Institute January 24-26, 2005. The goal of this NASA-sponsored workshop is to establish requirements for the production and distribution of terrestrial analogs of lunar regoliths, which will become the accepted source material standards for research and development efforts on Space Resources Utilization technologies.

Will all business be conducted during the regular business day hours (7:00 a.m. to 6:00 p.m.)?
If "No", justify the need for after-hours, weekend, or holiday access:

☒ Yes ☐ No

Agreement/Contract/Grant Number:

NAS8-02096

2.

DECLARATION OF PERSONAL PROPERTY

At this time, business/personal electronic property (i.e., laptops, cameras, etc.) of the visitor must be declared before entering NASA/MSFC or Component Facilities. Provide description of the items and serial number:

3. MSFC POINT OF CONTACT			
Name (Please Print) - (Last, First): Lewis, Lori		Organization: XD42	Phone Number: (256) 544-2910
FAX Number: (256) 544-2102	Name of Intended Escort(s): Lewis, Lori	Escort's Phone Number: (256) 544-2910	Is Escort Certified? If unsure, call Protective Services. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will visitor/assignee need access to computer or information technology resources: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If authorized access to computer or information technology resources, will the access be on-site or off-site: _____ (If access to computer or information technology is needed, complete MSFC Form 4336-1.)			
Will visit/assignment include transfer of technology. (If "Yes", describe technology being transferred below): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Export license required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Will visit/assignment involve information subject to Export Control Laws and/or ITAR: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> POC/Escort agree to receive visitor on the date(s) above. <input type="checkbox"/> POC/Escort will not/cannot see proposed visitor.			
Comments: Additional escorts for this workshop will be Brenda Malone, 544-2631;			
By my signature, I certify that this visit will not provide exposure or access to classified or sensitive information.			
POC Signature		Date:	Building/Room: 4481/374
Escort Signature		Date:	Building/Room: 4481/374
4. CENTER EXPORT REPRESENTATIVE			
<input type="checkbox"/> Concur and have provided POC/Escort a copy of MSFC Form 4336 with the CER signature. <input type="checkbox"/> Do not concur with visit request and have provided POC/Escort a copy of the nonconcurrency MSFC Form 4336.			
Comments: _____			
Signature:		Date:	Phone:
5. PROTECTIVE SERVICES OFFICE			
Accreditation Number:		Date Notified:	Signature:
Badge Number:		Type:	Date:
Name of Actual Escort (Print) (Signs for Badge):		Escort's Badge Number:	Signature of Escort:
Remarks:			
<input type="checkbox"/> BIS <input type="checkbox"/> 4200 <input type="checkbox"/> CI Date Received by AD50: _____ <input type="checkbox"/> to Escort Briefer <input type="checkbox"/> NFNMS _____ <input type="checkbox"/> 4312 <input type="checkbox"/> VMS _____			